

INTERAGENCY COORDINATING COUNCIL ON EARLY INTERVENTION

January 23, 2003

Organizational/Planning Meeting Summary

MEMBERS IN ATTENDANCE: Raymond M. Peterson, M.D., Chair; Jim Bellotti, CDE; Sylvia Carlisle, M.D., George Chance, DSS; Michelle Douyon-Davis; Arleen Downing, M.D., Marcy Gallagher, DMHC; Hedy Hansen; Gretchen Hester; Rick Ingraham, DDS; Cynthia Jaynes, DADP; Lynn Lorber, OSE; Thomas McCool, Ed.D; Beverley Morgan-Sandoz; Hallie Morrow, M.D., DHS; James Queirolo, DMH; Theresa Rossini; Elaine Fogel Schneider, Ph.D.

MEMBERS ABSENT: Toni Gonzales; Marie Kanne Poulsen, Ph.D.

OTHERS IN ATTENDANCE:

Committee Co-Chairs (Community Representatives): Julie Kingsley; Linda Landry

DDS Staff/Liaisons: Ken Freedlander; Cheryl Holden; Cheri Schoenborn; Dennis Self; Pat Widmann

WestEd ICC Staff Support: Peter Guerrero; Stephanie Myers; Shelia Wolfe

Facilitator: Ellen Montanari

Guests: Terry Colborn, Rebecca Votaw-Nelson; Mary Bush

INTRODUCTIONS AND ANNOUNCEMENTS:

Dr. Peterson welcomed ICC members, guests, and staff to the meeting and introduced the meeting facilitator, Ellen Montanari. Dr. Peterson reviewed the purpose of the organizational/planning meeting to provide additional orientation information to new ICC members and to identify and prioritize ICC activities to be accomplished during the coming year. The meeting will also provide a forum for ICC members to become better acquainted with each other and the responsibilities of the ICC.

Ellen Montanari facilitated introductions and asked ICC members and guests to share their expectations for the meeting. A list of expectations was generated (see Attachment A).

SYSTEM OVERVIEW:

Rick Ingraham, Part C Coordinator, provided an overview and background of Early Start. Mr. Ingraham discussed California's history of early intervention and federal legislation, steps taken during California's planning and implementation years, Individuals with Disabilities Education Act (IDEA) Part C system requirements, and the system structure and funding at the state and local levels. Mr. Ingraham also highlighted Early Start's partner departments and the ICC's role and responsibilities. Jim Bellotti, designee for the Superintendent of Public Education, provided information about the California Department of Education's (CDE) responsibilities under Part C of

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IDEA, and the system structure and funding of local education agencies (Attachment B contains copies of slides from this presentation).

ICC GOALS AND OBJECTIVES:

The participants identified, discussed and prioritized goals and objectives of the ICC for the next year facilitated by Ms. Montanari. The following list of priorities was agreed by consensus:

PRIORITY 1: STRENGTHEN COLLABORATION

- Promote interagency collaboration
- Increase collaborative awareness
- Increase collaboration
- Showcase model collaboration
- Partner with Prop 10 Commission

PRIORITY 2: INCREASE AWARENESS

- Effectiveness of public awareness
- Increase and improve physician awareness
- Provider outreach awareness
- Increase awareness of state and local services
- Seamless service delivery
- Evaluate current child find system (define statewide child find goals, improve child find and early identification)

PRIORITY 3: INCREASE ACCESS TO SERVICES

- Improve transitional assistance to families
- Increase access (low income, at risk)
- Identify barriers for families
- Empower families to advocate
- Seamless delivery services
- Evaluate current child find system (link to Priority 2)

It was agreed that the following issues should continue to be followed by the ICC with the lead and partner agencies:

MONITOR THE STATE BUDGET

ENHANCE PROGRAM AND PERSONNEL DEVELOPMENT

- Maximize effectiveness of services
- Linking vendored providers statewide
- Implement personnel standards
- Promote, improve education and training for public and providers

It was agreed that the following issues were important and should be re-visited in 2004:

- Implement enforcement provisions for laws
- Create consistent Early Start (regional center and local education agency) eligibility, assessment and services

It was agreed to accomplish these priorities it would be necessary to:

REVIEW AND REVISE THE CURRENT ICC STRUCTURE

- Functional ICC Committee structure
- Increase committee effectiveness
- Review current ICC structure (maximize effectiveness)
- Membership review (FRCN, Legislator, data specialist?)
- Evaluate data, projects and effectiveness

The participants divided into two groups to discuss committee structure and meeting format (Attachment C and Attachment D). Options generated were reviewed and discussed. The meeting was adjourned at 5:45 p.m.

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Facilitator: Ellen Montanari

Dr. Peterson called the meeting to order at 8:30 a.m. and thanked everyone for their active participation on Day One of the meeting. Ellen Montanari provided attendees with a brief review of activities completed on the first meeting day. It was agreed that attendees were prepared to proceed to “decision time.”

Ms. Montanari facilitated a consensus-based decision making process which resulted in the following:

AGREEMENTS (by consensus):

A. Issues to be addressed in 2003 are:

1. Strengthen collaboration
2. Increase awareness
3. Increase access to services

B. These priorities could be addressed if:

1. They begin with review and revision of the current ICC structure.
2. DDS provides information allowing members to monitor the State Budget.

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3. DDS provides reports and information on activities they are conducting regarding strategies for enhancing program and personnel development.

C. The following issues should be revisited in 2004:

1. Evaluate the current child find system
2. Develop and implement enforcement provisions for laws
3. Create consistent Early Start (regional center and local education agency) eligibility, assessment and services

D. There was agreement that a Vice Chair should be elected. The Vice Chair will be an ICC member who is designated as a parent as defined in the federal regulations for ICC composition which requires parent representatives to be parents of children with disabilities aged 12 or younger [CFR 303.601 (a)(1)]. The role of the Vice Chair will be defined in subsequent ICC meetings.

E. There was agreement that there should be an Executive Committee whose responsibilities would include:

1. Developing the agenda
2. Recommending the Chairs and membership of committees
3. Ensuring committees adhere to defined operating principles
4. Ensuring collaboration among committees
5. Standardizing agendas and committee overlays to ensure collaboration and partnership in each project.
6. Discussing possible new issues for committees and making committee assignments.
7. Evaluating the effectiveness of all priorities and projects
8. Responsibility for process, not content.

F. There was agreement that there should be four standing committees based upon the priorities identified. These committees were tentatively named:

1. Integrated Services
2. Public Awareness
3. Family Resources and Supports
4. Service Delivery Systems

G. It was agreed that there should be parent-professional co-chairs for each of the standing committees.

H. It was agreed that meetings were most effective when they were structured, yet interactive. It was agreed meetings should maintain this spirit of communication and information exchange.

I. It was agreed that a system should be developed which would allow ICC members and community representatives to rotate among committees at the completion of a task or assignment of responsibility.

Participants identified unresolved issues and next steps required for implementation of the plan.

ISSUES TO BE RESOLVED:

- How do ideas and suggestions get to the executive committee?
- How do we maintain the spirit of COTW?
- Role of the Vice Chair.
- Do Committee Chairs need to be ICC members?
- How and when to provide for structured input by the audience/public?
- Convene a round table discussion after committee meetings?
- Will need to look at the existing committees and the work that needs to be completed/carried over as well as the distribution of the community representatives.
- Without the Health Systems Committee and Quality Assurance & Personnel & Program Standards Committee, what will become of their work in progress? How does it fit into priorities identified?
 - We must use our resources to focus on specific tasks without losing work in progress. We all participated in a process to establish priority driven committees.
 - We must develop committees to get away from particulars and look at systems change.
- Each standardized committee agenda will include: Quality assurance, legislative mandates and interagency collaboration.

NEXT STEPS:

- Elect a vice chair by having an action item on the March agenda.
- Develop a slate of potential Vice Chair candidates.
- ICC members may nominate a Vice Chair by e-mail.
- Define the charge of each committee.
- Identify priority goals for each committee.
- Define the membership of each committee.
- Identify a process for revising by-laws.
- Implement new structure at the May ICC meeting.
- Next COTW will be used to determine meeting times/schedules

The meeting was adjourned at 12:30 p.m. with the agreement that the March ICC meeting will be used to address next steps.

ATTACHMENT A:

EXPECTATIONS FOR ORGANIZATIONAL/PLANNING MEETING

- Getting people together
- Making sure we're doing the most we can for children and families
- Work on collaborations
- Set a good example – make sure we're doing all we can with collaborations
- Ability of families (especially poor families) to access the system
- Seamless services for parents and children
- Address inconsistencies of services that children receive (e.g., regional centers vs. local education agencies)
- Become clearer about the role of ICC vs. DDS vs. CDE
- Become clearer about the focus and direction of the ICC
- Focus. I want to be useful/constructive/make a difference
- Concerned with lack of information available to parents
- Look at the role of the ICC in light of the current budget situation
- How do we (ICC) work together to be most effective? (Especially in today's climate?)
- Support children (those with very severe disabilities) and families who are overlooked in the system. Getting information to parents, helping them when services are refused.
- Role of committees – need more cross-discussion? Set priorities
- Make sure families are supported
- Look at ICC structure, be open to new ideas
- How can ICC structure be changed so we can be more effective?
- Improve on our foundation of collaboration
- Develop priorities for next year
- Set up a structure to make it easier for families to navigate the system
- Help families navigate the system
- Public awareness/ physician awareness
- How do we set priorities and effect change?
- Find two things that are attainable that we can accomplish by this time next year.
- That OB/GYNs help women have clean (drug/alcohol free) pregnancies
- Learn more about the ICC: it's role and my role
- Communication both ways... to and from the ICC
- What are our priorities for both the ICC and the Committees? How can we be more efficient with our time?

ATTACHMENT C:

COMMITTEE STRUCTURE

Questions Addressed:

1. Does our current structure help us accomplish our goals?
2. Are the current committees the best way to organize
3. Are the committees efficient? Effective?
4. Does the Committee Chair have to be an ICC member?
5. How can the committees best share their information?
6. How do we keep committee members involved?
7. Should we have ad hoc committees? Standing committees? Both?

Discussion/Options Recorded:

- No Committee of the Whole
- Develop an Executive Committee
- Have both parent and professional co-chairs of committees
- Operating principles for all committees
 - Remain an interactive ICC (Input at beginning)
 - Priority driven committees
 - Standardized agenda items
- Evaluation and quality assurance: a component of all the ICC's work
 - Data
 - Project effectiveness
- Collaboration
 - Develop a system for ICC members to rotate among committees
 - Promote legislation to make the FRCN-CA Chair a voting member
 - Develop an annual schedule of committee meetings to promote working together in combined meetings on priorities
- Suggested Committees/Priorities:
 - Service Delivery Systems (to address increasing access to services)
 - Public Awareness (to address increasing awareness of Early Start)
 - Family Resources and Supports (to address access, awareness, linkages to FRC services)
 - Integrated Services (to address collaboration and interagency partnerships)

ATTACHMENT D:

MEETING FORMAT AND AGENDA

Questions Addressed:

1. How do we best utilize our time?
2. How do we develop agendas?
3. Does the current schedule help us accomplish our goals?
4. How many meetings should we have per year? (currently=6, mandated=4)

Discussion/Options Recorded:

- Have 6 meetings a year with one as an organizational/planning meeting
- Make the COTW an educational session from 9:00 a.m. – 10 a.m. on Thursday and call it “Presentation and Forum”
- Do not review agendas at COTW
- Allow more time to be spent in committee meetings
- Committee reports should be short (1-2 minutes) on Friday
- Agenda items up for discussion
- Meeting should start on time and agenda items should be timed
- Public input should be at a designated time on the agenda
- The agenda should be developed by ICC committee chairs at the Executive Committee meeting.
- The Executive Committee meeting should be held from 3:00 p.m. – 5:00 p.m. on Thursday with DDS and CDE designees ex-officio members.
- Any restructuring of the ICC, committees or agendas must be within parameters of state requirements for the public meeting notice.
- Agendas will focus on priorities

AGREEMENTS (by consensus):

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- I. It was agreed that a system should be developed which would allow ICC members and community representatives to rotate among committees at the completion of a task or assignment of responsibility.